

- 17 **Salonen JT**, Salonen R, Seppanen K, *et al*. HDL, HDL₂, HDL₃ subfractions, and the risk of acute myocardial infarction: a prospective population study in eastern Finnish men. *Circulation* 1991;**84**:129–39.
- 18 **Laukkanen JA**, Kurl S, Eränen J, *et al*. Left atrium size and the risk of cardiovascular death in middle-aged men. *Arch Intern Med* 2005;**165**:1788–93.
- 19 **Wasserman K**. Diagnosing cardiovascular and lung pathophysiology from exercise gas exchange. *Chest* 1997;**112**:1091–101.
- 20 **Ferraro S**, Perrone-Filardi P, Desiderio A, *et al*. Left ventricular systolic and diastolic function in severe obesity: a radionuclide study. *Cardiology* 1996;**87**:347–53.
- 21 **Harrington D**, Anker SD, Coats AJ. Preservation of exercise capacity and lack of peripheral changes in asymptomatic patients with severely impaired left ventricular function. *Eur Heart J* 2001;**22**:392–9.
- 22 **Koike A**, Itoh H, Taniguchi K, *et al*. Detecting abnormalities in left ventricular function during exercise by respiratory measurement. *Circulation* 1989;**80**:1737–46.
- 23 **Ellestad MH**. Chronotropic incompetence: the implications of heart rate response to exercise (compensatory parasympathetic hyperactivity?). *Circulation* 1996;**93**:1485–7.
- 24 **Kavanagh T**, Yacoub MH, Mertens DJ, *et al*. Cardiorespiratory responses to exercise training after orthotopic cardiac transplantation. *Circulation* 1988;**77**:162–71.
- 25 **Hambrecht R**, Niebauer J, Fihn E, *et al*. Physical training in patients with stable chronic heart failure: effects on cardiorespiratory fitness and ultrastructural abnormalities of leg muscles. *J Am Coll Cardiol* 1995;**25**:1239–49.
- 26 **Seals DR**, Hagberg JM, Spina RJ, *et al*. Enhanced left ventricular performance in endurance trained older men. *Circulation* 1994;**89**:198–205.
- 27 **De Simone G**, Devereux RB, Daniels SR, *et al*. Stroke volume and cardiac output in normotensive children and adults: assessment of relations with body size and impact of overweight. *Circulation* 1997;**95**:1837–43.
- 28 **Messerli FH**, Sundgaard-Riise K, Reisin ED, *et al*. Dimorphic cardiac adaptation to obesity and arterial hypertension. *Ann Intern Med* 1983;**99**:757–61.
- 29 **MacMahon S**, Peto R, Cutler J, *et al*. Blood pressure, stroke, and coronary heart disease. Part 1. Prolonged differences in blood pressure: prospective observational studies corrected for the regression dilution bias. *Lancet* 1990;**335**:765–74.

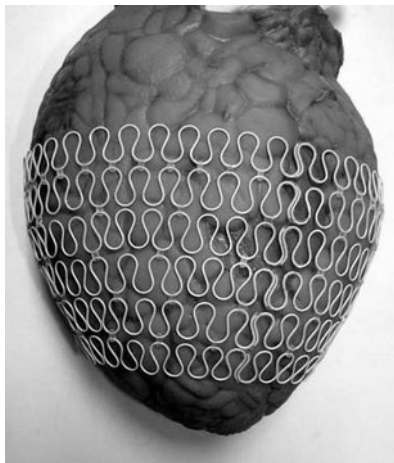
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MRI of a novel passive cardiomyoplasty device: the Paracor ventricular support system

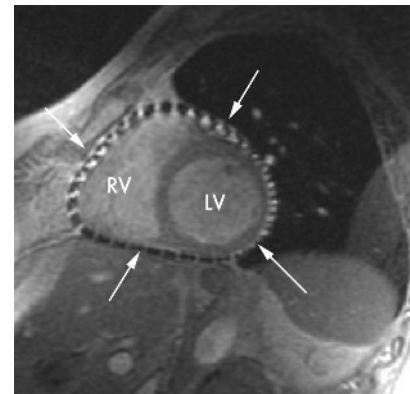
A new passive cardiomyoplasty device, the Paracor ventricular support system (Paracor Medical Inc., Sunnyvale, California, USA) is being evaluated in heart failure patients to assess its ability to halt or reverse the disease process of dilated cardiomyopathy. During a minimal invasive surgical procedure the mesh is placed around the heart, and is intended to reduce wall stress by the application of low levels of epicardial pressure and thus treat progression of cardiomyopathy. The prosthetic elastic mesh is made of nitinol and silicon and applies enough pressure to reduce wall stress but not enough to cause constriction. Preoperatively, individual sizing of the mesh is achieved by magnetic resonance imaging (MRI) measurements of ventricular diameters and volumes.

The first postoperative MR image of the device in place in a human is shown here. In this short axis image the mesh is clearly visible due to the artefact of its metal parts that produce a signal void in the gradient echo MR images. If positioned correctly the device covers both the left and the right ventricle from base



Structure and shape of the Paracor mesh device comprising nitinol and silicone. The Paracor mesh is placed around a heart model.

to apex and leaves the most apical part of the heart uncovered. Since the mesh is MR compatible, MRI is uniquely suited to assess its correct position around the heart and the therapeutic effects on left and right ventricular



Basal short axis cine gradient echo image in a heart failure patient that nicely displays the device (arrows) sitting around both ventricles. To enhance visibility of the device a gradient echo sequence was chosen, since metallic artefacts are most pronounced with this technique (LV, left ventricle; RV, right ventricle).

volumes and function during follow-up examinations.

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